"Customized PTO/SB/82 (01-06)

CHANGE OF Examiner | Toomer, Cephia D. CORRESPONDENCE ADDRESS Docket # | P0 9522US02 / BAS I hereby revoke all previous powers of attorney given in the above Identified application. I hereby appoint the practitioners associated with the Customer Number: 00881 Please change the correspondence address for the above identified 00881 application to the (below) address associated with Customer Number: I am the: Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.17. STATEMENT under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record _____ Date: 6-13-2008 Signature Telephone: 276-632-6819 Name Title & Company

Application # | 10/790,545

First Inventor HUNDLEY

Art Unit 1797

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Confirmation # 5732

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

REVOCATION OF

POWER OF ATTORNEY WITH

NEW POWER OF ATTORNEY

and